

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

04-02 MA

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 USC 9902(2)

Sections 1902(a), (1) and (m)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 of Attachment 2
Pages 1, 3 and 5

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ -0-

b. FFY 2005 \$ -0-

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

6A Same

New Jersey (04-02 MA)

Approved: 06/03/04
Effective: 01/01/04

10. SUBJECT OF AMENDMENT:

2004 Revisions to the Eligibility Standards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Exempt, pursuant
to section 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James M. Davy

14. TITLE:

Acting Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Jean Cary
Department of Human Services
Div. of Medical Assistance and
Health Services
P.O. Box 712, #26
Trenton, NJ 08625-0712**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

JUN 03 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 01 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment</u> <u>Amounts</u>
1	\$410	\$185	\$162
2	819	369	322
3	985	443	424
4	1,127	507	488
5	1,260	567	552
6	1,386	624	616
7	1,505	677	677
8	1,617	728	728

Each additional person: \$112 \$50 \$50

2. Pregnant Women and Infants under Section 1902(a)(10)(i) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level.

☒ 133 percent ☐ _____ percent (no more than 185 percent
(specify))

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>1032</u>
<u>2</u>	\$ <u>1385</u>
<u>3</u>	\$ <u>1737</u>
<u>4</u>	\$ <u>2090</u>
<u>5</u>	\$ <u>2442</u>
<u>6</u>	\$ <u>2795</u>

Note: The optional 185% coverage was implemented on 7/1/91.

Note: NJ had a legislative impediment to implementation of 133% coverage of pregnant women and children. That expansion was subsequently implemented effective April 1, 1991.

TN 04-02-MA Approval Date JUN 03 2004

Supers 03-04 Effective Date JAN 01 2004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

OFFICIAL

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVELS

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (l) (2) of the Act are as follows:

Based on 185% percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>1436</u>
<u>2</u>	\$ <u>1926</u>
<u>3</u>	\$ <u>2416</u>
<u>4</u>	\$ <u>2907</u>
<u>5</u>	\$ <u>3397</u>
<u>6</u>	\$ <u>3887</u>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged, Blind and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Family Size

1
2

Income Level

\$ 776
\$ 1041

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